

Education for children with special needs in Kenya: A review of related literature

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Abstract

Children with special needs in Kenya for many years were not given adequate attention with regard to their education. These children like their counterparts, have a right to free and compulsory basic education as provided for in international conventions to which Kenya is a signatory as well as in legal and policy frameworks in Kenya. Providing education for children with special needs is therefore one way of ensuring that their right to basic education is protected. This will in turn promote national development by providing a secure environment that enhances good health to allow people with special needs participate in social and political activities. This article therefore, provide insights on children with special needs from a review of related literature, with a special focus on the history of special needs education in Kenya, policy frameworks on special needs education, management and administration of special needs education institutions as well as discussions on selected categories children with special needs in Kenya.

Key words: Children with special needs, Challenges in special needs education, Disability, Interventions in special needs education, Special needs education

Introduction

Special needs education according to the national special needs policy framework Kenya 2009 refers to the education provided to learners with special needs requiring modified curriculum delivery, methods, education resources, mode of communication as well as modified learning environment to cater for individual differences among these learners (Republic of Kenya, 2009).

Children with special needs and disabilities have a right to free and compulsory education as provided for in international conventions to which Kenya is a signatory. However, not all children with disabilities have been fully integrated in the education system in Kenya (Republic of Kenya, 2014).

Providing education for children with special needs is therefore one way of ensuring that their right to basic education is protected. This will in turn promote national development by providing a secure environment that enhances good health to allow people with special needs participate in social and political activities (Republic of Kenya, 2009a). However, without special measures put in place to support these children, their right to basic education may not be realized to facilitate their full potential. Mwoma and Pillay (2015) in their study focusing on orphans and vulnerable children in public primary schools in Soweto South Africa noted that children from disadvantaged background encountered various challenges related to psychosocial support due to lack of trained personnel who could understand them. According to them, without proper attention to these children, their right to compulsory basic education will be affected.

The education for all monitoring report of 2010 revealed that an estimated number of people with disability comprise of 15% of the global population. The report further asserts that out of 77 million children who are not enrolled in education globally a third of them are children with disability (UNESCO, 2010). The report point out that 80% of people with disabilities are estimated to be living in developing countries with 150 million being children. Over 50% of the population in developing countries is affected with some disability related issues (Mukuria & Korir, 2006).

In Kenya, the 2009 census indicated that there were 647689 males (3.4%) and 682623 females (3.5%) with disability totaling 1 330 312 or (3.5%) of the total population (Republic of Kenya, 2009b). The education taskforce report of 2012 revealed that in 1999, there were 22000 learners with special needs enrolled in special schools, units and integrated programmes. The number rose to 26885 in 2003 and to 45000 in 2008 (Republic of Kenya, 2009a). The report further reveals that there were over 1100 units and 100 public special schools in the country including vocational and technical institutions catering for learners with special needs and disabilities (Republic of Kenya, 2012b). The number of special needs institutions has since increased to 3464 with 2713 integrated institutions and 751 special schools as indicated in the second medium term plan 2013-2017. Among them are ten public secondary schools for learners with hearing impairments, three for learners with physical handicaps and four for learners with visual impairment (Republic of Kenya, 2013b). The numbers however keep

varying from one report/document to the other an indication that there is no accurate data on the exact number of children with special needs and the institutions catering for their needs.

The 2008 Kenya national survey for people with disability affirmed that there were 1.3 million people with disability living in Kenya. Thirty nine percent were attending mainstream primary schools while nine percent were attending high school (Bii & Taylor, 2013, Republic of Kenya, 2008a). In an effort to support people with disability in Kenya, religious institutions have been instrumental in establishing schools and institutions for children with various disabilities including those with vision, auditory, motor and intellectual impairment in various parts of the country. The Kenya National Survey for Persons with Disabilities however revealed that 39% of children with disabilities drop out of school due to their disabilities (Republic of Kenya, 2009c) contributing to their marginalization hence infringing their right of accessing free and compulsory basic education.

This article provides an analytical synthesis of special needs education in Kenya based on reviewed literature focusing on: the historical development of Special Needs Education in Kenya; policies and strategies for access; goals and objectives of special needs education; and management, administration and financing. I have also described four categories of children with SNE namely, auditory handicapped, mentally handicapped, visually handicapped and gifted and talented children. I have explained the gaps and challenges facing SNE in Kenya.

Historical development of Special Education in Kenya

Provision of special needs education in Kenya dates back to 1946 when a vocational training for the blind was established in Thika to cater for the Second World War veterans blinded or impaired during the war (Ndurumo, 1993; Njoka & Syallo, 2013). Other schools for the mentally retarded, the deaf and physically impaired were established in 1948, 1958 and 1968 respectively where religious organizations were involved in providing educational services to disabled children on charity basis (Ndurumo, 1993; Njoka & Syallo, 2013). Although religious organizations played a critical role in providing education to this group of children, they lacked expert personnel, coordination, standardized curriculum, and legal and policy guidelines. This necessitated the need for government intervention to coordinate and provide supervisory personnel, budgetary support, curriculum experts and legal and policy guidelines (Njoka & Syallo, 2013). In 1953, the Association for Physical Disabled of Kenya (APD), the Kenya Society for the Blind (KSB), and the Kenya Society for the Deaf Children (KSDC) were established to provide services for people with disabilities (Kiarie, 2014; Republic of Kenya, 1964, 2003).

In the post-colonial era, Kenya has made strides to improve service delivery for people with disabilities by formulating various legislation and policy guidelines focusing on the education and training for people with disabilities. However, not all children with disabilities have been able to access education due to various challenges including the cost involved, lack of enough special facilities and equipment that facilitate their mobility and learning. Various education commissions and taskforces have been formed with a view of improving education in all education sub-sectors which have given specific recommendations on how to improve special needs education. For instance, the creation of the Ominde Commission in 1964 sought to examine the national educational policies with a view of advising government on directions for further development (Kiarie, 2014; Sifuna, 1990). The commission recommended that there was need for government to be aware of the problems resulting from disability in relation to providing special education and training for children with disabilities. It further recommended that government to coordinate and improve both the quality of services and methods of delivery to children with disabilities (Kiarie, 2014; Republic of Kenya, 1964).

The Ominde Commission also recommended provision of short courses in special education for student teachers in regular colleges to build their capacity to handle learners with mild impairment in regular schools (Republic of Kenya, 1964). The commission further recommended the need for provision of rehabilitation services to people with disabilities which culminated to the establishment of the department of vocational rehabilitation in the Ministry of Social Services through a Parliamentary Sessional Paper of 1964 (Njoka & Syallo, 2013).

Even with these recommendations in place, there was a challenge of coordination of special education which was placed in the Ministry of Social Services and not in the main stream Ministry of Education creating parallel education systems in two different ministries. This led to marginalization of children with special needs as their educational needs was not catered for by the main stream Ministry of Education. The arrangement led to inadequate funding and provision of qualified personnel as the Ministry of Education was keen on providing education to regular children excluding those with special needs (Njoka & Syallo, 2013).

The National Education Commission lead by Gachathi was formed in 1976 to look into matters of education in the country. The committee saw a need and recommended the establishment of mechanisms of identifying,

placing and integrating learners with disabilities in regular schools and providing them with regular curriculum (Republic of Kenya, 1976; Ndurumo, 2004; Njoka & Syallo, 2013). The commission further recommended the need for awareness on the causes of disabilities to be created in society to strengthen preventive measures and that research to be conducted to establish the nature and level of disabilities to inform service delivery. The Gachathi Commission also recommended the need for policy guidelines on integration of learners with special needs in learning (Republic of Kenya, 1976).

The recommendations by Gachathi commission lead to the establishment of a department of Special Needs Education at the Kenya Institute of Education to develop curricula and learning materials for children with disabilities (Njoka & Syallo, 2013, Republic of Kenya, 1981). The recommendations also lead to the establishment of pre-primary classes in special schools (Njoka & Syallo, 2013). In 1984, the Ministry of Education established the education assessment and resource centers (EARC) in many districts in Kenya to facilitate assessment, identification and placement of learners with disabilities (Kiarie, 2014; Republic of Kenya, 2003). The Government through the Ministry of Education also established the Kenya Institute of Special Education (KISE) in 1986 to enhance capacity building for service providers through teacher training and research (Republic of Kenya, 2009a).

Although all these measures were put in place to increase chances of providing educational services to learners with special needs, it was noted that there was no provision for teacher training in special education at the university level. In 1981, Mackay recommended the need to establish a special education programme at Kenyatta University to fill the gap of scarcity of training of special needs education teachers at university level (Mackay, 1981). The center for special education was established in Kenyatta University in 1995 which has since grown to a full department of special needs education providing educational services to students with special needs and training personnel working in institutions providing educational services for people with disabilities.

The preceding Kamunge and Koech Commissions of 1988 and 1999 respectively noted a need to expand the concept of learners with special needs to include those who are gifted and talented, those with learning disabilities and those with communication impairment. The two commissions significantly contributed to how special needs education was managed in relation to teacher training, development of curricula and adapting examinations to suit learners with special needs (Njoka & Syallo, 2013). The Kamunge report of 1988 recommended that government to deploy special needs education inspectors into districts to oversee quality service delivery in special education (Kiarie, 2014; Republic of Kenya, 1988). On the other hand, the Koech report of 1999, recommended the need for formation of a national special needs education advisory services in special education (Kiarie, 2014; Republic of Kenya, 1999).

While many recommendations were made by various commissions and working parties discussed above, Koech (1999) noted that there was lack of legal and policy guidelines that lead to a number of recommendations not being implemented. In responding to this gap, the commission proposed a special needs education bill with a view of coming up with mechanisms and policy guidelines to govern the sub-sector. This led to the development of the Children's Act of 2001 and the Persons with Disability Act of 2003 addressing issues of persons with disabilities (Njoka & Syallo, 2013).

In an effort to boost the status of special education in Kenya, the Ministry of Education set up the Kochung task force in 2003 with an objective of coming up with recommendations that would improve special education in the country. Among the recommendations the taskforce came up with include: the government to train and in service teachers to handle children with special needs; to strengthen the education assessment and resource centers by increasing budget allocation and equipping the resource centers; and to carry out a national survey focusing on special needs with a view of establishing the population of children with special needs in and out of school. The task force further recommended that, there was need for an inventory of assistive devices and equipment available in schools for use and those special needs schools to be made barriers free to enhance access to services for children with disability (Republic of Kenya, 2009a P.14). The Kochung taskforce recommendations lead to the development of the National Special Education Policy of 2009 and the Sessional Paper No. 1 of 2005 (Kiarie, 2014).

Although various recommendations have been made by different commissions and taskforces reported in this chapter, people with disabilities continue experiencing numerous challenges. According to the national education sector plan 2013-2018, people have negative attitudes and beliefs on the causes and consequences of disability which leads into discrimination and stigma for children with disabilities. There is inadequate skilled and specialized staff for assessment, placement and management of children with disabilities and lack of enough in-

service training institutions to capacity build personnel working with these children. Currently there is only one in the country based at the Kenya Institute of Special Education (Republic of Kenya, 2015).

Thus, children with disabilities have remained marginalized for many years prompting the formation of various associations and organizations to create awareness on children with disabilities in Kenya with a view of advocating for quality service delivery. The associations include; Kenya Association for the Intellectually Handicapped (KAIH), the Autism Society of Kenya (ASK), the Kenya National Association for the Deaf (KNAD) the Kenya Society for the Physically Handicapped (KSPH) and the Kenya Union of the Blind (KUB) (Kiarie, 2014). Forming the associations without support from government will however not adequately resolve challenges experienced by children with disabilities.

Policies and Strategies for Access

International Policies on People with Disabilities

International legal frameworks such as the United Nations Convention on the Rights of the Child (UNCRC) 1989 and the United Nations Standard Rules on Equalization of Opportunities for Persons with Disabilities (UNSREOPD) 1993 have advocated for inclusive education for children with disabilities to allow them be part of mainstream schooling. The UN Rule 6 advocates for provision of education for children with disability to be done in integrated settings by countries (Adoyo & Odeny, 2015).

The United Nations Convention on the Rights of Persons with Disability (UNCRPD) promotes and protects every person with disability (Bii & Taylor, 2013). Article 24 of UNCRPD discourages discrimination of children with disabilities requiring states to recognize their right to education. The article further requires states to include all children with disabilities in the education system (Bii & Taylor, 2013). Articles 23, 28 and 29 of the UN convention on the rights of the child 1989 focuses on children with disability and their right to education. Article 23 further states that children with any kind of disability have a right to special care and support to live to their full potential and independent live. These legal frameworks were established to ensure that people with disabilities enjoy their rights to basic needs and to protect them from marginalization.

National Policy Frameworks

Kenya being a signatory to international legal and policy frameworks has made strides to ensure that children with disabilities are provided education in a conducive learning environment, by putting in place various legal instruments to that effect. As indicated earlier, the legal frameworks include: the Children's Act 2001; Persons with Disability Act 2003; Sessional Paper No. 1 2005; National Special Education Policy Framework 2009 and Disability Mainstreaming Policy 2012 (Bii & Taylor, 2013). All these legal instruments recognize the education for learners with special needs in the mainstream. The Free Primary Education 2003 advocated for removal of all levies that prevent children especially those from poor economic backgrounds from accessing education. This was meant to facilitate attainment of universal primary education to all children (International Labour Organization, 2009).

The constitution of Kenya 2010 commits the government to ensure that people with disability access relevant education and training and that all schools to include children with disability. Article 10 of the constitution prohibits discrimination of persons with regard to their disability. Article 56 requires the state to put affirmative action programmes for minorities and marginalized groups to get special opportunities in education (Republic of Kenya, 2010).

The persons with disabilities Act of 2003 recognize that persons with disability face various forms of discrimination (Republic of Kenya, 2003, International Labour Organization (ILO), 2009). The Act compels government to take steps in ensuring that the rights of persons with disability are realized. Article 18 of the persons with disabilities Act 2003 also requires learning institutions to admit children with disability without discrimination on the basis of their disability. The Special needs education policy 2009 seeks to create an enabling learning environment that enhances equal access to quality and relevant education for children with disabilities (Republic of Kenya, 2009a; Republic of Kenya, 2004).

The Basic Education Act 2013 seeks to increase access, enhance retention, and improve quality and relevance of education for all children. The Act further seeks to strengthen early identification and assessment and ensure equal opportunities in providing education for children with disabilities (Republic of Kenya, 2013a). Article 46 (1) of the Basic Education Act requires that education assessment and resource centres (EARCs) be established in every county. Kenya Vision 2030 recognizes the importance of education and training for all Kenyans as fundamental to success (Republic of Kenya, 2013b, ILO, 2009). The government has put these legal and policy

frameworks in place to enable children with special needs access education and other services to enable them achieve their full potential. Thus providing education opportunities and training to persons with disabilities is empowering them to succeed in life and liberating them from marginalization. Although various policies and legal frameworks have been put in place in favour for children with disabilities, implementation has not been realized to ensure that all children with disability are supported. This could be attributed to the fact that limited funding is allocated to the sub-sector to enhance environmental adaptation (Republic of Kenya, 2015).

Management, administration and financing of special needs education

For many years, people with disabilities were characterized by their exclusion in society. They were powerless and could not control their own destiny (Adoyo & Odeny, 2015). Special needs education in Kenya was offered mainly to four categories of children with disabilities since the end of the Second World War. The categories included children with hearing, mental, visual and physical handicaps. Education for these children was offered in special schools alone until the 1970s, when units and integrated programmes were introduced (Republic of Kenya, 2009a). Over the years, special needs education has expanded to accommodate other disabilities such as, “cerebral palsy, epilepsy, down syndrome, autism, emotional and behavioural disorders and those with learning disabilities” (Republic of Kenya, 2009a pp.17-18). Other categories include; “children with speech and language disorders, multiple handicaps, albinism, gifted and talented, those who are orphaned, abused, living in the streets, heading households, nomadic pastoral communities and those who are internally displaced” p.18. The different categories of special needs and disabilities therefore require different strategies of supporting these children to meet their educational needs.

In an effort to meeting their educational needs, a special education curriculum was developed by the Kenya Institute of Education in 1977 (Mukuria & Korir, 2006). In 1984, the Danish International Development Association supported the Ministry of Education to initiate the education assessment for children with disabilities, with a view of identifying them early to support parents and guardians place them in institutions of rehabilitation and integration. In 1986, the Kenya Institute of Special Education was founded to train teachers in special education. Integration programs for children with visual, mental, physical and auditory impairments were also established (Mukuria & Korir, 2006).

Although a lot of efforts have been focused on supporting people with disabilities, limited funding prevents many children with disabilities to benefit from programs and services designed for them (Gichura, 1999, Mukuria & Korir, 2006). The National Education Sector Plan (NESP) 2013/2014-2017/2018 point out that capitation grants are provided to 184 special boarding schools (169 primary schools, 8 secondary schools and 6 technical/vocational institutions at Ksh 8000 for each learner per year. While this is a good move by government to support learners with disabilities, the amount may not be sufficient to meet all their educational needs as they require specialized equipment and services compared to their regular counter parts. NESP further reveals that the government provide financial and material support to 1703 special units attached to regular schools and three teacher training colleges that integrate children with disabilities at a rate of Ksh 2000 free primary education top up per year for each learner to acquire assistive devices (Republic of Kenya, 2014).

NESP report further point out that there are 73 Education Assessment Resource Centers (EARS) to assess and place children to special education centers while the Kenya Institute for the Blind (KIB) and Kenya Institute for Special Education (KISE) are mandated to produce instructional materials for visually impaired children and training teachers in special needs education (Republic of Kenya, 2014).

Over the years solutions have been sought with a view of improving the academic achievement gap between regular students and those with disabilities through integration and mainstreaming. Integration and mainstreaming have had policy guidelines for implementation, instructional practices, curriculum recommendations, assessment procedures and interventions. Integration movement sought to educate students with severe disabilities in proximity to their peers with opportunities to interact with them and share experiences (Adoyo & Odeny, 2015).

In the spirit of integration, placement of children with disability is done in special classes located in regular schools where they have time together with peers at lunch hours. Linsky and Gatner (2006) define inclusive education as placing children with various disabilities in regular schools with appropriate services, positive attitude and support provided primarily in that context. Inclusive education advocates for full membership and joint participation with peers at all levels of education (Adoyo & Odenyi, 2015). However, inadequate policy guidelines on inclusion of children with special needs, a rigid curriculum not catering for children with special talents and abilities, have been found to negatively affect inclusive education in Kenya leading to marginalization of children with special needs. Coupled with inadequate quality assurance mechanisms to

oversee inclusion and inadequately trained teachers to handle special needs education contributes to marginalization of these children (Republic of Kenya, 2008).

With the introduction of FPE in Kenya in 2003, many children with disabilities were enrolled in special schools while others were integrated in regular schools under special units established to cater for various disabilities (Republic of Kenya, 2003). This forced some children with disabilities to leave their families to attend boarding schools catering for their special needs. A few of these children learned in separate classrooms in regular schools to allow for interaction with peers who are not disabled (Kiarie, 2004, Mukuria & Korir, 2006). Gichura (1999) point out that the curriculum used by children who are physically or visually impaired is the same as the one implemented at regular primary and secondary schools. This strategy marginalizes children with disabilities as they may not grasp knowledge provided by the curriculum at the same level with their peers who are not disabled. Due to their disability, these require more time to cover the content than their peers in regular schools.

In an effort to address marginalization of children with special needs, the government in collaboration with other stakeholders have come up with various intervention measures at different levels of learning. Among them early identification and placement of children with special needs has been adopted as a strategy to increase access to education for children with special needs. The regular curriculum has been adapted to meet the educational needs of learners with special needs. Teacher training opportunities on special needs education has been expanded to cover certificate, diploma and degree. Special needs education has been expanded to cater for learners with autism and deaf-blind alongside the visual, physical, hearing and mental handicaps. Public universities have come up with policies that allow admission of students with disabilities from special schools who meet minimum university entry mean grade of C+ in Kenya Certificate of Secondary Education (KCSE) to join their counterparts with higher grades. Universities such as Egerton and Kenyatta provide rapid transport between lecture halls to ferry students with disabilities. In examinations, learners with disabilities are allocated between 30-45 extra minutes over and above their regular counterparts depending on the disability (Republic of Kenya, 2008).

Access, participation and retention of children with special needs

Traditionally, individuals with disabilities were seen as unproductive in life (Karie, 2004, Mukuria & Korir, 2006). In Kenya, most people believed that disability is retribution of past deeds by ancestors (Mukuria & Korir, 2006). Parents of such children tended to be ashamed with disabled children hence hiding them from the rest of the society (UNESCO, 1974, Mukuria & Korir, 2006). This practice however is changing as many parents are now enrolling their children in special units and schools to access education.

Ngaruiya (2002) identified auditory, mental, physical and visual disabilities as the most common disabilities in Kenya. In the late 1990s (Gichura, 1999) there were 107 special schools in Kenya, 31 for auditory impairment, 46 for mentally challenged, 13 for physical handicap, 16 for visual impairment and 1 for the deaf-blind population. In addition, there were 76 special units in primary schools serving students with disabilities in 1990 (Mukuria & Korir, 2006). In 2006, the number increased to 41 special primary schools for children with auditory impairment, while those with mental, visual and physical handicaps seem to have reduced to 38 for mentally handicapped, 9 for physically handicapped and 10 for visually impaired respectively. There was one secondary school for visually impaired (UNESCO, 2006). The numbers have however increased to 3454 as indicated earlier in this article denoting that more learners with disabilities can now access education in special education institutions or in units attached to regular schools.

Mukuria and Korir (2006) argue that identifying children with emotional and behavioural problems is even worse since it is entirely left to medical professionals for placement. They place them in medical wards for individuals with mental illnesses or in rehabilitation centres. Kaufman (2005) point out that behavioural and emotional disorders are defined based on a specific culture as there is no consensus on the general definition that would apply to all cultures. He further argues that different ethnic groups in Kenya would perceive emotional and behavioural problems differently. For instance, engaging in physical activities perceived as a fight could be seen as an opportunity for training boys as warriors in one community while in another community the same activity would be prohibited. Thus different communities in Kenya perceive different behaviours differently based on their traditional way of life, their geographical location, level of education, socio-economic status and religious beliefs (Mukuria & Korir, 2006).

For purposes of highlighting in detail the educational needs of children with special needs and disabilities, I will describe four categories of children requiring special needs education in the subsequent sections. The categories include children with auditory handicaps, those with mental and visual impairment and the gifted and talented children.

Auditory handicapped children

It is estimated that 2.5% of the population globally has some degree of deafness with some people born deaf while others becoming deaf as a result of illnesses, accidents or trauma (UNESCO, 2000). Some children inherit deafness from their parents which may be present in one or both parents. This kind of deafness may appear from birth or later in life described as hereditary deafness. Illnesses and conditions in the womb (prenatal) or after birth (postnatal) or later may also cause deafness. Fever, meningitis, and Rubella have also been identified as possible causes of deafness (UNESCO, 2000). Deafness may act as a hindrance to children's communication, which in turn affects their learning that is dependent on hearing. UNESCO (2000) argues that children, who lose their hearing after they have learned to talk, require special help to continue schooling by using hearing aids if available.

Children who are born deaf may be helped by sign language. Sign language according to UNESCO (2000) involves using positions and movements of hands, face, and body to express what is spoken. Deaf children seeing sign language used around them learn sign language like any other language. Johnston and Corce (2010) assert that deaf students benefit more and understand better when taught by deaf teachers than hearing teachers. This is because deaf teachers have extensive sign language vocabulary and understand deaf students' needs better than hearing teachers. They are able to teach deaf students sign language better than hearing teachers. Thus, learning among deaf children can be enhanced if teachers, parents and other family members learn sign language from adult deaf people (UNESCO, 2000). National examination results for class eight assessments (Johnston & Corce, 2010) have indicated that deaf students score lower than their hearing peers due to biased national assessments that favour children without hearing impairment marginalizing children with hearing impairment.

Deaf children can be helped to achieve their right to education if people learn sign language to play, communicate and be friendly with them. In educating them, parents should be involved to ensure that if these children are placed in residential special schools, they are allowed to visit them regularly to avoid losing touch with their parents and family members. Some deaf children are integrated in regular schools for hearing children taught in special units attached to the regular school. In other communities all children both abled and those disabled benefit from inclusive education by going to school together (UNESCO, 2000). These kinds of arrangement provide deaf children with real life situation but require teachers to understand and adapt to children with different educational needs.

Deaf children from hearing parents lack structured language a part from a few gestures acquired naturally. They constitute 97.9% while those from deaf parents constitute 2.1%. Deaf children from deaf parents are better adjusted when they join school. They learn sign language from their deaf parents which enable them have positive attitudes, become well socialized and gain better cognition and socio-emotional skills that are critical for their education (Adoyo, 2004, 2007). This is made possible for them since their deaf parents are able to communicate with them using sign language that is not possible with hearing parents.

Identifying auditory handicapped (deaf) children

As mentioned earlier, there are those children born deaf, while others become deaf after acquiring language. Deafness from birth is described as congenital while persons who become deaf after acquiring spoken language are referred to as post lingual deafness. Deaf people would be of any age and their preferred communication depends on when they became deaf (UNESCO, 2000).

In Kenya, there are Educational Assessments and Resource Centers (EARCs) in every sub-county (formerly district) used to assess deaf children before being placed in schools for the deaf (Adoyo, 2007). Hearing is usually measured using an audiometer which is an instrument that produces sounds at different levels. The tester is made in such a way that the person being tested indicates when a sound is heard. Using an audiogram form test results are recorded showing whether the person tested can hear any sound that makes up speech. To establish accurate response from individuals tested, the test is repeated several times. The tests need to be repeated regularly usually yearly to establish whether there are any changes in hearing (UNESCO, 2000).

Mentally handicapped children

Mentally handicapped children in Kenya refer to children with maladaptive behaviours and those with limited level of intelligence. The condition usually arises between conception and 18 years (Kiarie, 2006). These children are categorized according to the severity of mental impairments as mild, moderate, Severe or profound. They can also be categorized as educable, trainable, severe and profound when measured in intelligence scores on IQ tests to allow for placement in educational institutions.

Mental retardation is associated with prenatal, perinatal, post-natal and environmental factors. Pre-natal factors such as metabolic disorders and infections of the mother during pregnancy have been associated to limited level of intelligence (Kiarie, 2006). Kiarie argues that German measles (Rubella) has been linked to low birth weight, heart defects, vision and auditory problems if the mother was infected in the first trimester of pregnancy.

Rhesus factor has also been identified as one of the prenatal factors that may cause complications for the unborn fetus (Beirne-Smith, Ittenbach & Patton, 1998, Kiarie, 2006). The complications may include mental retardation, cerebral palsy and epilepsy. Other prenatal conditions as identified by Kiarie include:

“Encephalocele, anencephaly, microcephaly and hydrocephalus, whose causes cannot be explained. Encephalocele involves an opening in the skull from which part of the brain material protrudes. Anencephaly is a condition in which a large portion of the brain fails to develop properly. Microcephaly is an unusually small head characterized by severe mental retardation. Hydrocephalus refers to large amount of cerebrospinal fluid accumulating in the brain area leading to an enlarged cranial cavity and compression of the brain with dire consequences for the affected child” (Kiarie, 2006, pp.49-50).

Kiarie further point out that, low birth weight, premature birth and other birth related complications are among the perinatal factors associated with mental retardation. A baby born less than 5 pounds and before 37 weeks of gestation is associated with mild to severe mental retardation. Prolonged labour, and difficult deliveries or damaged umbilical cord are also associated to mental retardation. All these may lead to infant lacking oxygen during the birth process causing mental retardation (Kiarie, 2006).

Postnatal factors such as meningitis, encephalitis, intoxicants and lead poisoning are associated to mental retardation (Center for Disease Control and Prevention, 2003, Kiarie, 2006). Childhood mumps and measles may lead to meningitis. The infection causes seizures and damages the brain resulting to mental retardation. Encephalitis, which is an inflammation of the brain tissue, may result from complications of infections associated with childhood (Kiarie, 2006).

Identifying and placing mentally handicapped children

Observing whether the child has pointers of low intellectual functioning and deficits in adaptive behavior identifies mentally handicapped children. The pointers may include the child’s inability to learn, acquire and generalize information, or inability to process and apply learned knowledge in various settings (Kiarie, 2006). Kiarie point out that, children with mental retardation are slower in learning and have lower attention span than their peers. According to him, these children are not motivated to learn and their memory, language and social skills are poor. Because of that, they perform poorly in academics, feel withdrawn and find it difficult to make friends as they lack self-help skills (Kiarie, 2006).

Children with moderate mental retardation are integrated in regular schools where they learn in special units attached to regular schools. Those with severe mental retardation are educated in special schools while others are educated in residential settings of children with mental retardation (Kiarie, 2006). In whichever school setting they are educated in, they receive specialized educational services that meet their needs.

Ruteere, Mutia, Mwoma & Runo (2015) in their study focusing challenges experienced in teaching daily living skills to learners with mental retardation, noted that various challenges are experienced in supporting these children. Among them, lack of concrete teaching learning materials, untrained staff, poor memory, absenteeism from school and negative attitudes from teachers. As a result of these challenges, learners with mental retardation are not able to acquire the necessary daily living skills to enable them freely navigate in their environment both physical and social.

Mentally handicapped children started receiving specialized services in 1948 when Jacaranda School for the deaf was established. Since that time, programs for these children have grown, as enrollment has continued to increase. In the 80s, children with mental retardation were served in 52 programs including 17 schools, 30 units 3 pre-vocational schools and one sheltered workshop (Ndurumo, 1993, Kiarie, 2006). Over the years the number of institutions would have increased although statistics are scanty.

Visually impaired children

Visual impairment varies in degrees of vision-use on tasks requiring vision. Some individuals use hearing and touching to acquire information while others use vision to supplement information acquired through other channels (Kiarie, 2004). Other people with challenges in vision supplement what they see with information they acquire through touching, hearing, smelling and use of other senses (Gargiulo, 2003, Kiarie, 2004).

Blindness is legally used to refer to individuals who must use tactile and auditory senses as their primary channels to acquire information (Kiarie, 2004). Using a snellen chart, a legally blind person has a visual acuity of 20/200 or less. A 20/200 visual acuity means an individual would stand a distance of 20 feet to see what a person with normal vision would see at 200 feet.

Identifying and placement of children with visual impairment

Doctors, parents, or caregivers are among the initial people to detect visual problems in children. Teachers in classrooms may detect children with visual problems using behavioural characteristics. Among the characteristics teachers would notice with these children are; the child; a] unusually turning the head, body or eye, b] holding reading material extremely close to the face c] rubbing the eyes excessively d] having watery eyes and experiencing eye pain and fatigue e] squinting or shading the eye to view objects f] constantly having difficulty in keeping up when reading and writing g] using markers such as pencils and fingers when reading h] having difficulty copying from the board or transparency i] having difficulty writing letters and numbers and j] moving from one environment to another (Kiarie, 2004,p.18).

Children with visual impairment in Kenya are placed in special schools, separate classrooms in regular education schools and regular education classrooms alongside students with normal vision (Kiarie 2004). However, there are challenges associated with providing adequate services for children with visual impairment. The challenges include lack of funds which make it difficult to provide required grade level textbooks and leisure reading materials and to maintain braille machine. Lack of adequate number of trained personnel for students with visual impairment and lack of adaptation materials is another challenge experience (Karugu, 1994, Kiarie, 2004).

Gifted and talented children

The government of Kenya spends up to 40% of the budget on education to support children on free primary education (Mbugua, 2003, Wairire, Mungai & Mungai, 2015). With the introduction of FPE, schools were overwhelmed with new pupils in 2003. However the increase of new pupils did not match with provision of more teachers, classrooms or materials to cope with the influx (Ford, 2003).

Even with the introduction of FPE, Kenya has not developed comprehensive programs to address gifted and talented children's educational needs (Wairire et al, 2015). There seems to be a policy gap on education provision for gifted and talented children that could address issues related to curriculum, educational resources, and teacher training (Ndirangu, et al, 2007, Wairire et al, 2015). Quality education for all children is recognized as a human right.

According to Wairire et al (2015) education for gifted and talented children refers to education for children with higher learning abilities, than their peers. They point out that a number of agencies are concerned with the promotion of education and welfare for gifted children in Kenya. They further argue that the focus of these agencies is on the top students in the national examinations, orphans, and students from extremely poor families as well as students who show promise in leadership (Wairire et al, 2015).

The key players supporting this group of children are church organizations, the corporate sector, including national and international banking and financing institutions such as (Equity Bank, Master Card, and World Bank/DFID). Organizations supporting needy children include (World Vision, Lea Toto, Compassion International Kenya and Feed the Children Kenya (Wairire et al, 2015). The organizations identify and support high performers nationwide, identify disadvantaged but talented children, provide mentoring programs, leadership training and provide peer support forums. The organizations also organize or support cultural festivals, provide after school tuition, support motivational guest speakers, provide scholarships to continue with education and placement in leading academic institutions in Kenya and abroad (Wairire et al, 2015).

Gaps and challenges facing education for children with special needs

Although progress has been made by government and other players to provide educational services for persons with disabilities and special needs, various challenges have been experienced while supporting these individuals. The challenges include; inappropriate infrastructure; inadequate facilities; and inadequate capacity of teachers to manage learners with special educational needs in regular schools. Other challenges include; inadequate and inexpensive learning materials; societal negative attitude; and inadequate supervision and monitoring of schools implementing inclusive education (Ruteere et al 2015; Republic of Kenya, 2009a). Mwoma and Pillay (2016) in their study among orphans and vulnerable children in Soweto South Africa noted similar circumstances where learners in full service schools experienced inadequate supervision in implementing inclusive education.

Effective special education service delivery is also hampered by absence of reliable data on children with special needs across all levels of education coupled with inadequate funding (Republic of Kenya, 2013b). Absence of operational guidelines for implementation of the special needs education policy; unreliable and inaccurate data on SNE initiatives across all levels of education; negative attitudes and beliefs with regard to causes and consequences of special needs and disabilities in many communities leading to stigma and discrimination. There is also inadequate skilled and specialized staff for assessment, placement and management of children with disabilities; inadequate funding of the sub-sector, capitation grants are insufficient to address the needs of children with disabilities; limited funding for environmental adaptation; and inappropriate communication modes (Republic of Kenya, 2014 p.51).

Socio-cultural and economic prejudices, stigmatization and neglect have also been cited as challenges experienced by people with disabilities (Oriedo, 20003, Ngaruiya, 2002). High teacher child ratio make individualized instruction for learners with disabilities difficult (Muchiri & Robertson, 2000, Kembre-Sure, 2003). School buildings not being accessible to physically handicapped children are other challenges that require attention to enhance easy mobility of physically handicapped children (Gichura, 1999, Kochung, 2003, Mukuria & Korir, 2006).

Lack of policy guidelines on identifying and placing children who are gifted and talented is another challenge. Children who could be talented and gifted but are not able to continue studying until they sit for their national examinations may go unnoticed by organizations and institutions supporting these groups of children. In the event that these challenges are not adequately attended to, then children with special needs and disabilities will continue to be marginalized.

Conclusions

Special needs education is an area that has attracted attention from international and national players and organizations over the years. This has seen governments, non-governmental organizations and other players to come up with programmes to provide specialized services for children with special needs and disabilities. As noted earlier, international legal frameworks have been put in place to provide guidelines to governments to put measures in place to support individuals with special needs and disabilities. Kenya Government in her commitment to support these individuals has come up with legal frameworks meant to create conducive environment for individuals with special needs and disabilities to interact, learn and to enhance their full potential. However, even with the legal frameworks in place, these individuals continue experiencing numerous challenges that hinder them from accessing their educational needs. Accurate and up to date statistics of learners with special needs are scanty. Likewise statistics on the institutions serving various handicaps are not available making it difficult to know the status of special needs education in Kenya.

The church, nongovernmental organizations and other players in collaboration with government have put commendable efforts in place to establish special schools for various handicaps and special unit classes within regular schools for the visually, mentally, physically and auditory impairments. However more efforts are needed to cater for other special needs and handicaps such as the gifted and talented children, those with down syndrome, and those with emotional and behavioural disorders. There is also need for policy guidelines on the curriculum and assessment of learners with special needs and disabilities. There is need for up dated and uniform data on the status of special needs education in Kenya.

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